



# DRIVER AND PLATE SEARCH (DAPS) EMPLOYEE LIST MODIFICATION

MAIL OR FAX TO  
DEPARTMENT OF LICENSING  
DAPS ACCESS  
PO BOX 2957  
OLYMPIA, WA 98507  
FAX: (360) 570-7895

AGENCY NAME

AGENCY ADDRESS

AGENCY CONTRACT NUMBER

Please **REMOVE** the following employee from my agency's list of employees authorized to access the DAPS application.

EMPLOYEE NAME (PRINTED)

POWER USER?

☐ YES

☐ NO

Please **ADD** the following employee to my agency's list of employees authorized to access the DAPS application.

EMPLOYEE NAME (PRINTED)

POWER USER?

☐ YES

☐ NO

SUPERVISOR NAME (PRINTED)

**X**

SUPERVISOR SIGNATURE

SUPERVISOR PHONE NUMBER

EFFECTIVE DATE OF CHANGE